



Lake Jackson
PARKS & RECREATION



Start Smart Sports Development

Start Smart is aimed at helping kids get ready for team sports and focuses on throwing, catching, hitting and kicking. Start Smart builds confidence and self-esteem, gives children fun and positive early experience in sports, helps prepare kids for future athletic participation, and allows quality time between parents and children.

CHILD'S NAME _____
BIRTHDATE _____ AGE _____ Gender _____
ADDRESS _____
CITY _____ TEXAS, ZIP _____
PHONE _____ Email _____

Emergency Contact

Parents Information: **Name:** _____
Email: _____
Phone: _____
Alt Phone: _____

Emergency Contact: **Name:** _____
Relationship: _____
Phone: _____
Alt Phone: _____

Please list any medical problems and medications your child has:

Camp	Dates	Times	Location	Ages	COST	
					Member/ Non-Member	Initials
					CIRCLE FEE	INITIAL
Start Smart Sports Development	Oct. 11 - Nov. 15th	Tuesdays 6pm-7pm	Rasco Middle School	3-5yrs	\$30/\$40	
					TOTAL	\$



I, the undersigned, state that I am the parent or legal guardian of *(child's name)*

I hereby request that the **City of Lake Jackson** allow my child to participate in **Start Smart**.

I hereby state that I am voluntarily allowing my child to participate in this program and that I recognize that there are certain risks and dangers inherent in their participation in this type of activity.

I understand the **City of Lake Jackson** cannot and does not guarantee or insure the safety of my child. I am willing to assume any risk, on behalf of myself alone, of personal injury or property damage to my child in order to allow him/her to participate in this program, except that caused by the sole negligence of the **City of Lake Jackson**. I therefore release, the **City of Lake Jackson**, its officials, administrators, employees and agents from all liability, claims and causes of actions arising or in any way connected with my child's participation in the above-named program, except that caused by the sole negligence of the **City of Lake Jackson**.

In consideration of the **City of Lake Jackson** allowing my/our child to participate in this program, I/we hereby agree to release, hold harmless, and defend the **City of Lake Jackson**, and its officials, administrators, employees and agents from any and all claims for damages or injury to my/our child arising out or in any way connected with my/our child's participation in the above-named program, except that caused by the sole negligence of the **City of Lake Jackson**.

I CERTIFY THAT I HAVE READ THE FOREGOING AND AGREE TO ALL THE TERMS AND CONDITIONS OF THIS AGREEMENT.

(Parent/Legal Guardian's Signature)

(Date)